

<p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/776,505</td> </tr> <tr> <td>Filing Date</td> <td>February 12, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Theodore Rappaport</td> </tr> <tr> <td>Art Unit</td> <td>2163</td> </tr> <tr> <td>Examiner Name</td> <td>Helene Roberta Rose</td> </tr> <tr> <td>Confirmation Number</td> <td>3676</td> </tr> <tr> <td>Attorney Docket Number</td> <td>WV00015 CP1</td> </tr> </table>	Application Number	10/776,505	Filing Date	February 12, 2004	First Named Inventor	Theodore Rappaport	Art Unit	2163	Examiner Name	Helene Roberta Rose	Confirmation Number	3676	Attorney Docket Number	WV00015 CP1
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Art Unit	2163														
Examiner Name	Helene Roberta Rose														
Confirmation Number	3676														
Attorney Docket Number	WV00015 CP1														

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number 24273

OR

☐ Firm or Individual Motorola, Inc.
Name _____

Address 8000 West Sunrise Boulevard _____

Address Law Department - MD 1610 _____

City Plantation _____

State Florida _____ Zip 33322 _____

Country United States _____

Telephone 954-723-6449 _____ Fax 954-723-3871 _____

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).
Registration Number _____

Signature _____/Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre _____

Date January 17, 2007 _____ Telephone 954-723-6449 _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.